

Homelessness and Oral Health

"Improved access to oral health services for the homeless individual or family is a critical step in the direction of 100% access and 0 health disparities. No person is completely whole if he or she is suffering from dental pain and disease"...Betty DeBerry-Sumner, DDS, MPH, Chief Dental Officer, Division of Programs for Special Populations.

Homeless adults and children are among those in our country who suffer the most from poor oral health. Homeless persons have more seriously decayed teeth and more missing teeth than the general population, and many homeless individuals lack basic access to emergency oral health care, preventive care, and restorative services. Conditions associated with homelessness, such as nutritional deficiencies, the inability to practice regular dental hygiene (brushing and flossing), and alcoholism and other substance abuse, only compound the problem. Continued oral neglect can lead to tooth loss that affects physical health, employment, and social relationships and further contributes to homelessness.

In This Issue

Good oral health is an essential part of overall health and well-being. HCH Programs in Phoenix, San Diego and Boston have developed models of care, often in collaboration with community partners, that address the oral health needs of the homeless adults and children they serve.

We'd like to know about other successful oral health programs. Contact the HCH Information Resource Center at (888) 439-3300, ext 247.

The Facts Speak for Themselves

- Homeless persons are 12 times more likely than individuals with stable housing to have dental problems, and their problems are more severe, including a much higher incidence of periodontal disease (gum disease), edentulism (complete lack of teeth), and risk factors for oral cancers.
- Only 53% of homeless individuals without teeth have a complete set of dentures.
- Over 80% of homeless persons have not had a dental cleaning in the

previous four years, nearly five times the rate of the general population.

- Over 95% of homeless children ages five through nine require dental care and nearly 45% experience dental pain or infection.

These sobering statistics are no surprise to those who work with homeless individuals. They see the problems every day in the faces of people who sleep in shelters, take meals at soup kitchens, and arrive at medical clinics in severe pain as a result of untreated oral infection. In a recent needs assessment, HCH program directors listed oral health as the Number One need among their clients.

The Oral Health Initiative

The U.S. Department of Health and Human Services (DHHS) understands the need only too well. The agency's Oral Health Initiative is a critical part of the Campaign for 100% Access and 0 Health Disparities and takes advantage of heightened attention to oral health disparities that were highlighted by the Surgeon General's Report on Oral Health (May 2000). The Initiative sets forth a multi-pronged approach to strengthen public and private oral health delivery systems, enhance collaboration between DHHS agencies, including the Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA), and encourage the application of scientific advances in the practice of dentistry. Specifically, the DHHS Initiative seeks to:

- Reform the Medicaid and Federal-State Children's Health Insurance Programs to provide technical assistance and incentives to states to improve access to oral health services.
- Expand and strengthen public/private partnerships among public agencies at the state and local levels, professional dental organizations, dental schools, dental professionals,

(continued on page 2)

I N S I D E

- 2** Community Partnerships
- 4** Improving Lives with a Smile
- 6** Smoking Cessation
- 8** HRSA Update

and consumer advocacy organizations.

- Strengthen the dental public health infrastructure.
- Support basic clinical research, patient-oriented health services, and community based research aimed at reducing oral health disparities.
- Improve technology transfer to apply the scientific advances in dental medicine to underserved and vulnerable populations.

The Bureau's Role

The Bureau of Primary Health Care (BPHC) has long recognized the problems of oral health among homeless individuals and welcomes the new focus generated by the Oral Health Initiative. Jay Anderson, DMD, Chief Dental Officer for the Division of Community and Migrant Health, asserts "Oral health is an essential part of, and should be integral to, the delivery of primary medical care." Dr. Anderson reports that the Bureau is working with HRSA-funded programs to build oral health services into all clinical service delivery systems.

Betty DeBerry-Sumner, DDS, MPH, Chief Dental Officer, Division of Programs for Special Populations, reports that the Bureau is prepared to provide technical assistance and to work collaboratively with HCH programs to improve access and expand the scope of oral health service delivery. In Dr. DeBerry-Sumner's mind, services must be comprehensive. "By comprehensive, I mean that we must go beyond emergency services. Preventive services, such as dental cleaning, the application of sealants, and screening for oral cancer, are all very important. And among homeless individuals who have neglected their oral health for more pressing priorities, the need for restorative

care, including providing replacements for missing teeth, can't be underestimated." She notes that too often tooth extraction is the only alternative given the extent of damage or the cost of restorative care. Missing teeth, especially missing front teeth, are a sad fact of life for many homeless adults. The condition contributes to already damaged self-esteem and often prevents an individual from returning to employment and mainstream society.

Both Dr. Anderson and Dr. DeBerry-Sumner are realistic about the barriers

that must be overcome to achieve 100% Access and 0 Health Disparities in oral health. Despite a significant increase in federal support for new and existing programs, adequate funding and access to care remain challenging. While Medicaid and Child Health Insurance Programs mandate coverage of dental services for children, Medicaid coverage for adult services is uneven among states and reimbursement rates for oral health services frequently discourage dentists in private practice from treating Medicaid patients. Finally, many dentists are reluctant to treat homeless individuals who are often perceived as "difficult" patients and unable to follow through on a long-term treatment plan.

While there is still much to be done to meet DHHS' ambitious goals, the BPHC is encouraged to see the progress that is being made by HCH programs to improve the oral health of their clients. We are pleased to take the opportunity to showcase just a few of the programs in this issue of *Opening Doors*. ▲

Community Partnerships: A Model for Oral Health

Michael Monopoli, DMD, MPH, MS, Director of Dental Services for the Boston Health Care for the Homeless Program (BHCHP), fully appreciates the relationships that BHCHP has built within the community; they are invaluable when it comes to delivering oral health services to homeless individuals throughout the Boston metropolitan area. "We are fortunate in many respects. We have strong ties to all of the Boston dental schools... Boston University, Harvard, and Tufts. They are all committed to community-based rotations, and their students provide essential services in our clinics."

The partnership is beneficial to all. The BHCHP Dental Program provides students with rich learning opportunities. They treat the full range of dental disease and see conditions that they would rarely see in other settings. In return, the students provide BHCHP dentists with the stimulation and challenges that come from teaching enthusiastic students. Finally, BHCHP and its patients benefit from the high quality, comprehensive services that teams of dentists, dental hygienists, dental assistants, and dental students deliver. These services extend to respite care patients at the Barbara McInnis House and the Betty Snead House and to outpatients at the program's new five-chair dental clinic, which is shared with the South End Community Health Center.

The South End Community Health Center, which provides full-service primary care, is an example of BHCHP's commitment to community partnerships in the service of

(continued on page 3)

Opening Doors is published quarterly by Policy Research Associates under contract to the Health Resources and Services Administration's Bureau of Primary Health Care.

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Clinical Collaboration: An Interdisciplinary Approach

Just a few days before its grand opening in January, Kris Volcheck, DDS, Dental Director of the Central Arizona Shelter Services (CASS) Dental Clinic, looked back on the past several months and reflected on all it has taken to make the new clinic a reality. Dr. Volcheck is thankful for the support he's gotten from the community, excited about the opening, and "very very happy. Everything came together...all the pieces were there...my connections in the dental community, the trailer, and the people next door." "Next door" is the Maricopa County Health Care for the Homeless (HCH) Program, which had a fully equipped dental trailer leased from the State of Arizona for a nominal fee. Dr. Volcheck was a dentist in private practice before volunteering and then working for CASS, the largest homeless shelter (400 beds) in Arizona. He approached Annette Stein, Director of the HCH Program, and Adele O'Sullivan, MD, HCH Medical Director, about working together to develop a full-service dental program for homeless adults and children in the Phoenix area.

Ms. Stein and Dr. O'Sullivan were delighted. Stein recalls, "Here we were with this trailer. CASS had the den-

tist and Kris knew the people to call for pro-bono services. He put all that together." Maricopa County HCH transferred the trailer to CASS, and Dr. Volcheck set about recruiting a core of volunteer dentists and convincing more than 30 dental laboratories to donate crowns, bridges, and dentures for dental restorative care. He solicits volunteers through dental society meetings and continuing education programs ("everywhere I go really") and is pleased with the response from the profession and the generosity of dental laboratories. An orientation program familiarizes volunteers with the oral health needs of the patients they will see and what they can expect to accomplish clinically. Dr. Volcheck plans to spend a lot of time with the volunteers to make sure they have a meaningful experience at the clinic. With volunteer help from community dentists and contributions from laboratories, the dental clinic is able to provide the full range of emergency, preventive, and restorative dental services to homeless individuals served by CASS and the HCH Program.

The partnership of the HCH Program and the CASS Dental Clinic also presents a wonderful opportunity to integrate
(continued on page 5)

Community Partnerships (continued)



Boston Health Care for the Homeless Dental Services provider examines a patient.

their clients. The new dental clinic allows BHCHP to provide comprehensive dental services, including critical preventive services and screening for oral cancer and other diseases. Dr. Monopoli notes that this is particularly important given that the incidence of risk factors for oral cancer are often higher among their patients than in the general population. In addition to the patients historically seen by the dental team, the new dental clinic is kept busy with children, pregnant women, and families identified by the BHCHP Family Team. This team of clinicians and social workers conducts outreach and screening in the

community and refers patients who need oral health services to the clinic.

While BHCHP takes advantage of reimbursement available through MassHealth (the state's Medicaid and Child Health Insurance Programs) and funds from the Uncompensated Care Pool, funding remains an issue. BHCHP has been able to secure additional financial assistance from the state's Department of Public Health. It has an active campaign for private fundraising and continues to cross-subsidize services so that oral health services are not neglected.

For more information on the Boston Health Care for the Homeless Dental Program, contact Cheryl D. Kane, BS, RN, MEd, Director of Development, Street Outreach Nurse, at (617) 414 3829 or ckane.bhchp@juno.com. ▲

Some Facts about Children's Oral Health...

- Tooth decay is the single most common chronic childhood disease, five times more common than asthma
- Twenty five percent of children and adolescents account for 80% of the tooth decay in this population
- Poor oral health is associated with diminished growth in young children
- Nearly 52 million school hours are missed each year due to oral health problems in children

Improving Lives with a Smile: A Homeless Dental Care Initiative

“I felt like an ugly duckling. I didn’t have the money to get my teeth fixed. Without this program, I would have died. I wouldn’t have made it”... Sharon

“I was too embarrassed to open my mouth, so ashamed to get a job... I thank God for Comic Relief and Dr. Feinberg... Now my new smile was the first impression that got me this job” ... John

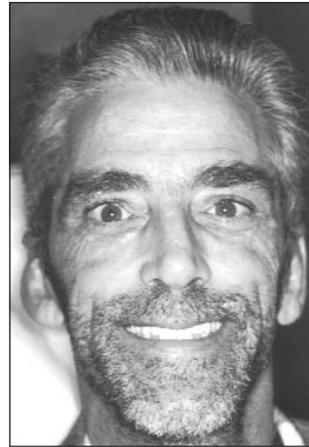
“My 27 year addiction had left me with serious dental problems...You accepted me into your program and now, 5 months later, I not only have two partials but more importantly...I have a smile!”... Ken

“As soon as I got my new teeth, I went out to the Steakhouse and had a big steak. I haven’t had steak or anything that required chewing in years”... Danny

“When you’re missing your front teeth, you can’t get a job anywhere,” observes David Vincent, MSW, Manager of the HCH Program at Family Health Centers of San Diego. Nor can you eat most foods easily. Fortunately for Sharon, John, Ken, Danny and more than 400 others, the Dental Restorative Project has worked minor miracles in their lives. The project, funded by Comic Relief and the Alliance Healthcare Foundation, provides full restorative dental care, including crowns, bridges, and dentures, to individuals who have the need and who qualify for the program. The services are provided at four Family Health Centers’ subcontractor agencies in San Diego County. The project works closely with recovery homes, homeless shelters, and homeless social services agencies to identify appropriate candidates for care. Vincent describes it as “a special initiative that helps individuals take steps to self-sufficiency...to get them back on their feet and working.”

Family Health Centers began providing emergency dental services (e.g., extractions and temporary fillings) to homeless persons about ten years ago. Since then, the program has developed a full continuum of dental care with the addition of prevention services and restorative care. With a Health Center Service Expansion/Improvement grant from HRSA, the program purchased portable equipment to establish a “traveling” clinic that provides cleaning, dental screenings, and sealants to children in homeless shelters in the hope of preventing the kinds of problems that lead to serious damage. But for those who have already paid the high price of oral health neglect, the Dental Restorative Project is a life-saver. The story is in their faces.

Dr. Sushila Shah, HCH Project Dentist, has noticed that patients “no longer feel self-conscious about smiling. They regain their self confidence to go out into the world, to look for a job.” Dr. Shah believes that there are three critical factors for the program’s success: (1) the careful application of eligibility criteria for participation in the program; (2) close liaison between the project and treating dentist



John from Family Health Centers of San Diego shows off his new smile.

concerning treatment decisions; and (3) strong case management services to insure that individuals complete the lengthy regimens of care which may extend up to twelve separate visits. The case manager helps the individual secure transportation or childcare or whatever is needed to get him or her to each appointment on time.

To participate in the Restorative Dental Project, individuals must meet these criteria:

- Live in San Diego for at least three months
- Have at least three months of drug/alcohol recovery
- Currently live in transitional housing
- Made positive steps toward employment (including job training)
- Have a relationship with a case manager
- Commit to 3-12 months of dental work
- Have no other possible funding source

For more information about the Restorative Dental Project, you may contact David Vincent, MSW HCH Project Manager, at (619) 515-2371 or dvincent@lhfhc.com.

David Vincent and Dr. Sushila Shah will talk about the restorative dental project at the HCH Conference in June. Look for their workshop at 2 pm on Thursday, June 27. ▲

Join Us In Washington!

This year’s National Health Care for the Homeless (HCH) Conference will be held June 28-30 at the Hyatt Regency on Capitol Hill in Washington, DC. The program is designed for HCH grantees, subcontractors, clients, administrators, and others interested in providing health care and support services to homeless people.

This year’s theme is “The Many Faces of Homelessness.” Conference planners promise a full agenda of educational and networking opportunities focused on ways in which health care providers can work together to meet the needs of the homeless individuals they serve. The conference will include special policy sessions sponsored by the HCH Policy Symposium and a full-day pre-conference institute will be offered for staff and board members who are new to HCH.

Complete details and registration materials will be mailed in early Spring. For information, contact Nancy Hallock, conference coordinator, at the HCH Information Resource Center at (888) 439-3300 ext. 243 or nhallock@prainc.oom.

HCH Clinicians' Network News

Diabetes Resource Directory

A valuable resource for persons interested in diabetes care for homeless persons is now available from the HCH Clinicians' Network (network@nhchc.org, 615/226-2292). *Diabetes and Homelessness: Overcoming Barriers to Care* is a rich and varied collection of proven clinical tools, patient self-management and educational materials, outreach protocols, nutrition guidelines, resources and referrals. This information was contributed by Health Care for the Homeless (HCH) clinicians participating in the first year of the BPHC Health Status and Performance Improvement Collaborative on Diabetes Mellitus.

Network project director Brenda Proffitt, MHA, and health disparities collaborative coordinator Ardyce Ridolfo, MSN, FNP, RN-C, are responsible for bringing this project to fruition. A free copy of the directory has been distributed to all federal HCH grantees. The directory may be duplicated without permission or ordered from the Network for \$15 each including shipping and handling costs.

HCH Research Updates

Each quarter, more than 18 databases are searched for new research publications and projects related to health care and homelessness. Summaries of articles resulting from this customized search appear in the HCH RESEARCH UPDATE, published by the National HCH Council/HCH Clinicians' Network with support from the HCH Branch/DPSP/BPHC/HRSA. These abstracts are distributed by e-mail to Network members and others

who request them. Results of each quarterly literature search are posted on the Network's Web site at www.nhchc.org/researchupdates. We invite you to add this address to the "bookmarks" on your Internet browser and visit it regularly. Thanks to research specialist Suzanne Zerger, MA, for making it easy for clinicians and others to keep abreast of new developments in the field of homeless health care.

Ongoing Network Research Projects

The Network is collaborating with Dr. Lillian Gelberg, Associate Professor of Family Medicine at the UCLA School of Medicine in Los Angeles, in epidemiological research on the prevalence of hepatitis C (HCV) among homeless patients seen in eight HCH program clinics. Investigators are also examining the adequacy of HCV screening; identifying predictive risk factors and hepatitis B and C comorbidity rates; and assessing client knowledge, attitudes, and health service utilization related to HCV.

In their continuing partnership with the Network, Dr. Ellen Bassuk and The Better Homes Fund are examining social supports that are critical for homeless mothers to meet the challenges of poverty. Research findings are expected to help clinicians develop more effective and responsive programs and service interventions, enabling impoverished families to move out of homelessness.

To learn more about the HCH Clinicians' Network, or to become a member, see www.nhchc.org/network.html or contact Pat Petty at 615/226-2292.

Clinical Collaboration (continued from page 3)

primary medical care with dental services. Dr. O'Sullivan and Dr. Volcheck have already begun coordinated treatment planning and cross-referring their patients. Dr. O'Sullivan is pleased that HCH treatment plans address a range of needs, including oral health, mental health, substance abuse treatment, preventive care, podiatry, and vision care. "Dr. Volcheck and I can work together to get an adult diabetic under control

when he has a mouthful of dental abscesses." Dr. O'Sullivan adds that she can use dental services to motivate persons to look at their other health problems too. Individuals know that dental care, especially restorations and dentures, will help them feel better, look better, and eat better. Since restorative care is usually delivered over several visits, dental treatment offers increased opportunities for persons to take advantage

of additional health care services. Both Dr. Volcheck and Dr. O'Sullivan look forward to developing interdisciplinary models of care that meet the full spectrum of needs among their patients, and they believe that the new clinic is an excellent first step.

For more information on the CASS Dental Clinic, contact Kris Volcheck, DDS, MBA, Dental Director, at (602) 256-6945 ext. 3041 or getvol@aol.com. ▲

Make Smoking Cessation a Priority in Homeless Health Care

by Pat Post, Communications Manager
National Health Care for the Homeless Council

Smoking and homelessness are frequently linked, according to Health Care for the Homeless practitioners. Research confirms this observation, documenting smoking prevalence rates of 69%-73% among homeless people in the United States, compared to 25% of the general population. Because other medical and behavioral problems may seem more pressing, clinicians often turn a blind eye to the smoking habits of their homeless clients. Think again, advise those in the know.

Smoking helps to account for the disproportionately high prevalence of chronic lung diseases such as asthma, emphysema and chronic bronchitis among impoverished people who are without a stable residence. Tobacco use also compromises their oral health. Staining and abrasion of the teeth and increased risk for gum disease and oral cancer are among its most serious side effects. Smoking during pregnancy is strongly linked to low birthweight, affecting 17% of children born to homeless women, at twice the rate of children nationally. Low birthweight is associated with bronchopulmonary dysplasia and a predisposition to pediatric asthma.

"If a mother smokes while she has a growing fetus, her child has twice the risk of developing asthma, which is exacerbated by air pollutants including cigarette smoke," warns pediatric pulmonologist Scott Schroeder, MD, of Montefiore Medical Center in New York City. For that reason, he encourages parents to participate in smoking cessation programs and urges them to protect their children from secondhand smoke.

A recent survey conducted by the University of Pittsburgh School of Pharmacy in collaboration with HCH Pittsburgh and the Program for Health Care to Underserved Populations determined that 88% of homeless

adults identifying themselves as cigarette smokers said they wanted to quit smoking. Seventy-six percent said they definitely or probably would participate in a smoking cessation program if it were available. "This evidence contradicts the popular assumption that homeless smokers aren't motivated to quit," concludes principal investigator Sharon Connor, PharmD.

"Tobacco dependence treatment should be part of every clinic visit with every patient. As with other chronic diseases, clinicians should take a broad, long-term approach to smoking cessation, assuming periods of relapse. Sustained remission is possible, but patients have to be committed to the process and share responsibility for it. The issue of how to motivate them to do so is a major focus of the Smoking Cessation Clinical Practice Guidelines."¹

— Michael Fiore, MD,
MPH, Director, Center for
Tobacco Research and
Intervention, University of
Wisconsin Medical School

Lack of access to smoking cessation programs is a more significant deterrent for homeless people than low motivation to quit or cut down, attests Carol Jenkins, RN, of Stout Street Clinic, Denver, Colorado. Classes are available only when homeless clients are working or waiting in line for a meal, she says. Night or weekend sessions, though more accessible, aren't available. To compensate for this deficiency, HCH clinicians at Stout Street practice individual tobacco counseling at every patient visit and offer free nicotine patches or chewing gum.

HCH Milwaukee's Recovery Community Support program offers informal group therapy as part of substance abuse treatment including smoking cessation. Clinicians employ motivational techniques to promote readiness for change. Peer support, refreshments and program flexibility keep clients coming back to weekly group meetings that are reinforced with individual counseling and follow-up by case managers. Unfortunately, affordable smoking cessation aids such as nicotine patches or Zyban aren't available to most clients, who lack health insurance, says clinical coordinator Lisa Kadlec, MSW, CICSW.

Albuquerque HCH plans to use a grant from the State of New Mexico's tobacco settlement money to initiate a two-tiered smoking cessation program, reports Amalia Torrez, CDA, who also administers the project's dental program. A treatment program based on an American Lung Association model will supplement screening and a brief intervention based on a National Cancer Institute model. A comprehensive approach to smoking cessation such as this one is appropriate for all tobacco dependent clients, homeless or not.

¹ Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians, Rockville, Maryland: US Public Health Service, October 2000: www.surgeongeneral.gov/tobacco. ▲

What's New?

The HCH Clinician's Network has a new job service for members and others working in health care for the homeless. Visit our website (www.nhchc.org) and click on "Jobs" to post your resume, advertise to fill vacancies, or find job opportunities.

HCH INFORMATION RESOURCE CENTER *Connections*

Easy Access to Oral Health Information

The following resources offer a wealth of information on oral health care.

- The Surgeon General's Report on Oral Health can be found at: www.nidr.nih.gov/sgr/sgr/htm. This Web site also provides information on the report's background and charge, frequently asked questions, and the Surgeon General's Conference on Children and Oral Health.
- Information on U.S. Dept. of Health and Human Services' Oral Health Initiative to Eliminate Disparities in Access to Oral Health Care and Improve Oral Health can be found at www.hrsa.gov/oralhealth.
- The National Oral Health Information Clearinghouse (NOHIC), a service of the National Institute of Dental Research, offers materials with a strong focus on patient education including fact sheets, video cassettes, and brochures. Contact NOHIC at (301) 402-7364. Website: www.nohic.nidcr.nih.gov
- Breaking Through Barriers: New Approaches to Studying Minority Oral Health, the November 2000 issue of Research Digest, is available from the National Institute of Dental and Craniofacial Research (NIDCR). Contact them at (301) 496-4261. Website: www.nidr.nih.gov
- Oral Health Needs of Homeless People, an annotated bibliography, is available from the HCH Information Resource Center or online at www.prainc.com/hch.

More Oral Health Websites:

- National Oral Health Resource Center—
www.ncemch.org/oralhealth
- Centers for Disease Control and Prevention—
www.cdc.gov/nccdphp/oh
- American Dental Association—www.ada.org
- American Academy of Pediatric Dentistry—
www.aapd.org
- American Association of Dental Schools—
www.aads.jhu.edu
- International Association for Dental Research—
www.iadr.com

Oral Health Networks:

- The Public Health Network, which specializes in children's oral health issues. KidsOralHealth@list.ncemch.org
- National Network for Oral Health Access (NNOHA):
nnoha@OHSU.edu or Contact: Dr. David Rosenstein at rosenste@OHSU.edu

Call for Materials

The Resource and Tools Exchange at the National HCH Conference is a great way to share information about your program and to learn about others. Consider sending any or all of the following materials:

- brochures/program descriptions
- intake/encounter forms
- manuals/training materials
- clinical protocols
- quality assurance guidelines
- publications/newsletters
- videos
- bylaws/policies/procedures
- fact sheets
- job descriptions

Send display copies or bulk materials for distribution to Patty Spaulding at PRA, 345 Delaware Ave., Delmar, NY 12054 by May 31. For questions, call (888) 439-3300 ext. 247. The resource room offers an excellent opportunity for exchanging valuable information with your peers. Please share!

How Can We Help You?

For more information, contact Patty Spaulding at the HCH Information Resource Center
Toll-free (888) 439-3300, ext. 247 E-mail: pspaulding@prainc.com Web site: www.prainc.com/hch

Expansion Funding Opportunities

On March 1, the BPHC issued PIN 2001-08, Opportunities for Health Centers to Expand/Improve Access and Services During Fiscal Year 2001. For HCH grantees, there are up to \$1.6 million to expand mental health and substance abuse services, up to \$1 million to establish oral health services at sites that lack onsite service capacity, and up to \$1.5 million to expand primary care staffing at HCH grantee sites. Each HCH grantee may apply for only one grant. The application deadline is April 20, 2001. The PIN, which provides instructions regarding eligibility, funding limitations and number of expected awards, has been mailed to eligible grantee organizations and is on the BPHC Website at: www.bphc.hrsa.gov.

Base Funding Increases

On March 8, the BPHC issued PAL 2001-17, Fiscal Year 2001 Funding Level Increase for Uncompensated Care for Special Populations Grantees. Approximately \$3.6 million will be available to eligible HCH grantees. Each grantee will receive a letter from the program office that states whether they are eligible for an increase and includes a form that must be returned by April 6, indicating how the increased funding will be used. The PAL, which provides instructions regarding eligibility and the methodology for the increase, has been mailed to all HCH grantees and may also be viewed on the BPHC Website at www.samhsa.gov/grants.

SAMHSA Funding Opportunity

In mid-March, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a Guidance for Applicants (GFA) for Cooperative Agreements with community based organizations for the development of comprehensive drug and alcohol treatment systems for homeless persons. Organizations that provide integrated primary care, substance abuse, and mental health services to homeless people are well-positioned for these grants. SAMHSA also issued other competitive GFAs for addiction and mental health services grants programs. A list of SAMHSA's FY 2001 funding opportunities is available at www.samhsa.gov/grants.

HIV/AIDS Bureau Ryan White Title III Grants

HRSA's HIV/AIDS Bureau has announced two funding initiatives under the Title III Planning and Capacity Building Grant Program: Initiative I: Grants to Plan for the Establishment of HIV Early Intervention Services, and Initiative II: Grants to Expand and Enhance Organizational Capacity to Provide HIV Early Intervention Services. Organizations may apply for funding under one or both initiatives. Pre-application workshops for Initiative II will be held from March 9 through April 20, with applications due June 1. Workshops for Initiative I will be held May 11 and 21, with applications due June 16. More detailed information is available on the HRSA Preview Website at www.hrsa.gov or by contacting the HIV/AIDS Bureau at (301) 443-2177. Questions regarding the workshops may be directed to Lisa Kennedy of Professional and Scientific Associates, Inc. at (703) 852-2920.



Department of Health & Human Services

Health Resources and Services Administration
Bureau of Primary Health Care

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Health Care for the Homeless
INFORMATION RESOURCE CENTER

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